

GILCHRIST OWNERS' ASSOCIATION

P.O. BOX 862

GILCHRIST, OR 97737

gilchristhomeowners@gmail.com

Fax # 541-433-2271

TREE REMOVAL REQUEST FORM
BOARD OF DIRECTORS

NAME: _____

ADDRESS: _____

PHONE: _____

I hereby request consent for removal of _____ tree(s) that are in excess of 12" in diameter, according to the GOA tree removal policy. The tree(s) to be removed are located on the above property and need to be removed for the following reason(s).

(If more space is needed, use an 8-1/2" x 11" letter size piece of paper and attach)

Mail or fax to the above numbers*

Signature: _____

Date: _____

Please be sure to make copies of your request.

GOA BOARD OF DIRECTORS APPROVAL

1. _____ Date: _____

2. _____ Date: _____

3. _____ Date: _____

4. _____ Date: _____

5. _____ Date: _____

A Quorum is 3 members.